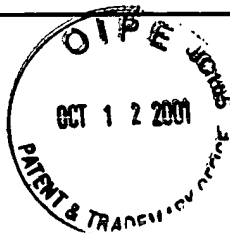


NOTICE OF APPEAL FROM THE EXAMINER TO THE  
BOARD OF PATENT APPEALS AND INTERFERENCESDocket Number (Optional)  
2925-0161P

In re Application of

Sarvar PATEL

Application Number

09/127,767

Filed

July 31, 1998

For

Method for Two Party Authentication and Key Agreement

Group Art Unit

2132

Examiner

S. KABAKOFF

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated, September 27, 2001, rejecting the following claims: 1-22.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$ \$320.00.

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:

\$ \_\_\_\_.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 12-2325. I have enclosed a duplicate copy of this sheet.

☒ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) has been previously submitted with the filing of the Final on September 19, 2001.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed.

☒ attorney or agent of record.

☐ attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) \_\_\_\_.

Signature

John A. Castellano

Typed or printed name

October 11, 2001

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/127,767</td> </tr> <tr> <td>Filing Date</td> <td>July 31, 1998</td> </tr> <tr> <td>First Named Inventor</td> <td>Sarvar PATEL</td> </tr> <tr> <td>Examiner Name</td> <td>S. KABAKOFF</td> </tr> <tr> <td>Group / Art Unit</td> <td>2132</td> </tr> <tr> <td>Attorney Docket No.</td> <td>2925-0161P</td> </tr> </table>		Application Number	09/127,767	Filing Date	July 31, 1998	First Named Inventor	Sarvar PATEL	Examiner Name	S. KABAKOFF	Group / Art Unit	2132	Attorney Docket No.	2925-0161P
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<p><b>TOTAL AMOUNT OF PAYMENT</b> (\$)</p>		<p><b>\$320.00</b></p>													

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OCT 18 2001

Technology Center 2100

<p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <div style="margin-top: 10px;"> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">12-2325</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Lucent Technologies, Inc.</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> </div> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other         </p>					<p><b>FEE CALCULATION (continued)</b></p> <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>\$320</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr> <tr><td>123</td><td>130</td><td>123</td><td>130</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr> </tbody> </table> <p>Other fee (specify) _____</p> <p>*Reduced by Basic Filing Fee Paid      <b>SUBTOTAL (3)</b> (\$ 320.00)</p>					Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65		127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55		116	390	216	195		117	890	217	445		118	1,390	218	695		128	1,890	228	945		119	310	219	155	\$320	120	310	220	155		121	270	221	135		138	1,510	138	1,510		140	110	240	55		141	1,240	241	620		142	1,240	242	620		143	440	243	220		144	600	244	300		122	130	122	130		123	130	123	130		126	180	126	180		581	40	581	40		146	710	246	355		149	710	249	355		179	710	279	355		169	900	169	900	
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<p><b>SUBMITTED BY</b></p>				<p><b>Complete (if applicable)</b></p>	
Name (Print/Type)	John A. Ccastonino	Registration No. Attorney/Agent	35,094	Telephone	(703) 390-3030
Signature				Date	October 11, 2001

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